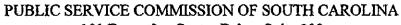
ACCEPTE
ED FOR PROC
CESSING - 2
TED FOR PROCESSING - 2018 October 24 12:14
24 12:14 PM
1 PM - SCPSC - 20
2018-338-T - F
<sup>2</sup> age 1 of 14

Mary Control of the C	279290			
STATE OF SOUTH CAROLINA	)			
(Caption of Case)  Example: Application for a Class C Charter Certificate from	) BEFORE THE ) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA			
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET			
	DOCKET NUMBER: 2618 - 338 - T  If this is your first time filing an application with the PSC, you will not			
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.			
(Please type or print) Retia Grissett	Telephone: 803-446-7480			
Address: 39/3 Destmore Dr	Fax: $N/A$			
Columbia SC, 29223	Other:			
	Email: 11155ettg10gmail.com			
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and be filled out completely.				
NATURE OF ACTION (Check all that apply)				
Application - Class A/A Restricted	Request for Name Change on Certificate			
Application - Class C Taxi	Request to Amend Scope of Authority			
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)			
Application - Class C Charter Bus	Request to Amend Passenger Limit			
Application - Class C Non-Emergency	Request			
Application - Class C Stretcher Van	Exhibit			
Application - Class E Household Goods	Late-Filed Exhibit			
Application - Class E Hazardous Waste	Letter			
Application	Proposed Order			
Request for Extension to Comply with Order	Publisher's Affidavit			
Request for Order Granting Authority to Obtain a Certificat of Public Convenience and Necessity to be Rescinded	e Reservation Letter			
	Response			
Request for Cancellation of Certificate	Return to Petition			
Request for Suspension	Other:			
Request for Reinstatement	, I'm K			

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 10-23-18	
ČLASS C - CHARTER	
Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.	with the provision
1. Retic's Helping To Help Others, LLC  Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or	without trade name.)
4711 Forest Dr, Ste3 PMB Columbia SC, Street Address of Applicant	29206
,	
Mailing Address of Applicant (if different from street address)	7 7
803-232-9066 N/A	
Chthoodontworryaboutmama. Com	· · · · · · · · · · · · · · · · · · ·
<ol> <li>If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the Soc Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of Carolina Secretary of State "Foreign Corporation" Certificate.)</li> </ol>	
3. Select Entity Type: (Check one)  Individual Owner/Sole Proprietorship	
☐ Partnership - List names and addresses of all person having an interest in the business.	
Corporation - List names and addresses of two principal officers.	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **Financial Statement**

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities:</u>
Value of Real Estate	NIA	Mortgage/Loan on Real Estate
Value of Motor Vehicles	8,000.00	Loans Owed on Motor Vehicles
Cash on Hand	0	Business/Other Loans Owed
Cash in Bank	0	Other Liabilities or Debts
Value of Other Assets and		Total Liabilities
Equipment	D	
Total Assets	9 22222	

#### **INSTRUCTIONS:**

- "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

#### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Bronze Plan - \$59.00 Silver Plan \$84.00 Gold Plan \$ 168.00 Platinum Plan \$210.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

### **DESCRIPTION OF EQUIPMENT**

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a ve	chicle is equipped
to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)	

1-7 Passengers, including driver

8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Kic	2015/OPTIMA	5XXGM4A73FG46203:	3 3237
		·	
			- · · · · · · · · · · · · · · · · · · ·
			·
ļ			

### **INSURANCE QUOTE**

#### This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote i	s for:	
Betia	's Helping to H	policant LLC
39/3	Address of A	Columbia, SC 79223 Applicant
Amount of Premium:		Limits Quoted: (See Below)
Liability Insurance \$ $\frac{2}{2}$	14900	Limits 250,000 /500,000 / 100,000)
The above quoted premium is f	for a term of/2	months.
Minimum Limits - Intrastate	Only:	
1-7 Passengers* 8-15 Passengers*	\$ 25,000/50,000/25,000 \$ 25,000/100,000/25,000	* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt
	Name of Insuran	nce Company
	Manfiela	1 34
	Home Office Addre	ess of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

### Exhibit Fit, Willing, and Able (FWA)

# Retias Helping To Help others LLC Name of Applicant

l.	Are	there current	ly any outstand	ling jud	igments :	against tl	he Applicant	?
	$\sim$	**	~	7				

Yes A If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- O No
- 3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes Yes

O No

# **Exhibit on Driver Qualifications**

1.	Applicant understands that all drivers must be a minimum of 18 years of age.			
	Ø Yes	○ No		
2.	and such record from	that a certified copy of the driver's three (3) year driving record issued by the SC DMV he DMV of the state in which the driver is or has been domiciled for such period must pplicant's business office.		
	X Yes	○ No		
3.	<del></del>	that a criminal history background check from the state where the driver currently lives the Applicant's business office.		
	<b>♥</b> Yes	○ No		
4.		that all drivers operating a vehicle under a Class C Certificate must have in operating a charter vehicle, a valid driver's license issued by the SC DMV or the curren e driver.		
	🎘 Yes	○ No		
5.	vehicles to drivers w	that all Class C Certificate holders are prohibited from employing or leasing or are registered, or required to be registered, as sex offenders with the South Carolina at Division or any national registry of sex offenders.		
	Ø Yes	O No		

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by

electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.			
Please check the applicable box:			
The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.			
The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.			
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.			
Retia Mussett Applicant's Signature			
Applicant's Signature			
Title of Applicant (e.g. President, Owner, etc.)			
Title of Applicant (e.g. President, Owner, etc.)			
STATE OF SOUTH CAROLINA )			

This

COUNTY OF JULY TU

AMY K. HARRIS

Commission Expires

Notary Public, State of South Carolina My Commission Expires 7/21/2025

**Print Application** 

### South Carolina Secretary of State Mark Hammond

# **Business Entities Online**

File, Search, and Retrieve Documents Electronically

This filing has been submitted and filed successfully.

# **Customer Receipt**

# Request Certified Documents

Submit a document request at https://web.sc.gov/SOSDocumentRetrieval/

### **Transaction Information**

## Charges

Transaction 136216 ID:

Entity Name: Retia's Helping

To Help Others

LLC

Receipt Date: 2/6/2018 3:58:03

PM

**Pricing Summary** 

Item	Price		
ARTICLES OF ORGANIZATION			
Total Cos		\$110.00	
Total Amount Pa	id	\$110.00	

Payment Type: Check

Name: Retia's Helping

To Help Others

LLC

Check Number: 1001

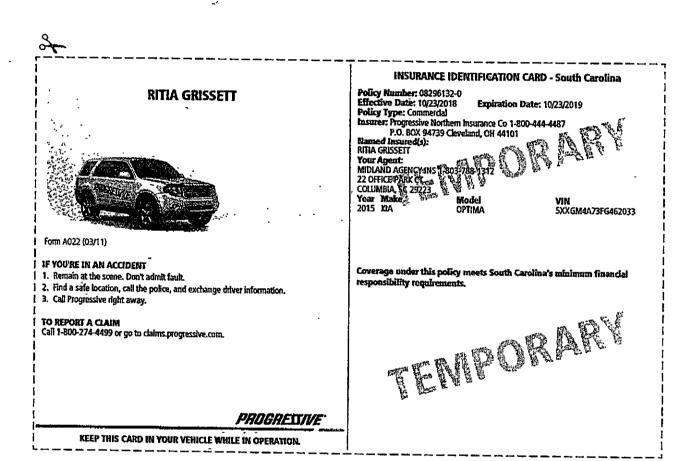
Note: Your bank statement may reflect that the charge was made by SC.gov.

# Your ID Cards

Keep these cards handy-in your glove compartment or wallet. And contact us anytime you have a question or need to report a daim.

If you have a daim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehide, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehide.

Thank you for choosing Progressive.



File ID: 180206-1558025 Filing Date: 02/06/2018

# STATE OF SOUTH CAROLINA SECRETARY OF STATE

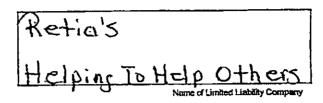
# ARTICLES OF ORGANIZATION Limited Liability Company - Domestic

### TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1.	The name of the limited liability company (Company ending must be included in name")
	Reticus Helping To Help Others LhC  Note: The name of the limited Hability company mula contain one of the following endings: "Himited Hability company" or "Himited company" or the abbreviation "LLC.", "LC.", "LC.", or "Etd. Co."
2.	The address of the initial designated office of the limited liability company in South Carolina is
•	3913 Westmore Dr (Street Address) Columbia 5C 29223 (City, State, Zip Code)
3.	The initial agent for service of process is
	(Name)
<	Letia Missell (Signature of Agent)
	And the street address in South Carolina for this initial agent for service of process is:
	3913 Westmore Dr
	Columsia south Carolina 29223
	(City) (Zip Code)
	List the name and address of each organizer. Only one organizer is required, but you may have more than one.  Retia Mrissett  (Name)
	3913 Westmore Dr
	(Street Address)
	Columsia SC 29225 (City, State, Zip Code)

	Name of Limited Listality Company
(b)	
	(Name)
	(Street Address)
	(City, State, Zip Code)
5.	Check this box only if the company is to be a term company. If the company is a term company, provide the term specified.
<del>6</del> .	Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
(a)	
	(Name)
	(Street Address)
(b	(City, State, Zip Code)
	(Name)
	(Street Address)
	(City, State, Zip Code)
7.	Check this box <u>only if</u> one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does <u>not</u> have to be completed.
8	Unless a delayed effective date is specified, these articles will be effective when endorsed for filling by the Secretary
	of State. Specify any delayed effective date and time



- 9. Any other provision not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
- 10. Each organizer listed under number 4 must sign.

Retig & Misset

Signature of Organizer

Date: 2.6-18

Sharper of Organizar

2.6-18

#### Filing Checklist

- Two completed copies of this form must be submitted for filing.
- \$110.00 made payable to the South Carolina Secretary of State
- Self-addressed, stamped return envelope
- Make sure the organizer has signed the form. Only one organizer is required, but you may have more than one. If you have more than one organizer, every organizer listed on the form must sign. The organizer is the individual who completes the documents and delivers them for filing to the Secretary of State. The organizer may be an owner of the entity, but he or she does not have to be. The organizer may simply be an individual who assists in the formation of the LLC without having any involvement with subsequent ownership or operational functions.
- Return all documents to:

South Carolina Secretary of State's Office

Attn: Corporate Filings

1205 Pendleton Street, Suite 525

Columbia, SC 29201

SPECIAL NOTE

Registering your limited liability company name does not, in and of itself, provide an exclusive right to use this name on or in connection with any product or service. Use of a name as a trademark or service mark requires further clearance and registration and may be affected by prior use of the mark. For more information contact the Trademarks Division of the Secretary of State's Office.